

Session 4375 (Symposium)

DIVERSITY AND VARIATION IN ASSISTED LIVING CARE, NATIONALLY AND OVER TIME

Chair: Portia Cornell Discussant: Tetyana Shippee

Assisted living is generally understood to offer a greater degree of privacy and independence than a nursing home; most residents pay privately, with some receiving support from state subsidies and Medicaid; regulation and oversight are the purview of state agencies. Within these broad parameters, however, one assisted living community may look quite different from another across the country, or down the street, in its resident population and the regulations that govern its operating license. The purpose of this symposium is to explore that variation. The papers leverage an in-depth review of changes in assisted-living regulation from 2007 to 2019 and a methodology to identify Medicare beneficiaries in assisted living using ZIP codes. To set the stage, the first paper examines variation across assisted living licenses to identify six regulatory types and compare their populations' characteristics and health-care use. The second paper analyzes trends over time in the clinical acuity of assisted living residents associated with changes in nursing home populations. The third paper investigates racial disparities in assisted living associated with memory-care designations and proportions of Medicaid recipients. The fourth investigates how regulation of hospice providers in assisted living affect end-of-life care and place of death. The final paper describes requirements related to care for the residents with mental illness in seven states. The symposium concludes with an expert in long-term care disparities and quality discussing the implications for policymakers, providers, and the population needing long-term care in assisted living.

A TYPOLOGY OF HEALTH SERVICES REGULATED IN U.S. ASSISTED LIVING COMMUNITIES

Lindsey Smith,¹ Wenhan Zhang,² Sheryl Zimmerman,³ Philip Sloane,⁴ Kali Thomas,⁵ and Paula Carder,¹
 1. OHSU-PSU School of Public Health, Portland, Oregon, United States, 2. Brown University, Providence, Rhode Island, United States, 3. Cecil G. Sheps Center for Health Services Research, Chapel Hill, North Carolina, United States, 4. UNC Medical School, Sheps Center, Chapel Hill, North Carolina, United States, 5. Brown University, Brown University/Providence, Rhode Island, United States

State agencies regulate assisted living (AL) with varying approaches across and within states. The implications of this variation for resident case mix, health service use, and policy, are not well described. We collected health services-relevant AL regulatory requirements for all 50 states and DC and used a mixed-methods approach (thematic analysis; k-means cluster analysis) to identify six types: Housing, Affordable, Hybrid, Hospitality, Healthcare, and Hybrid-Healthcare. We stratified Medicare claims data by regulatory type, identifying variation in resident case mix and health service

use. Housing and Affordable clusters have larger proportions of dual-eligible beneficiaries, Black residents, and residents of Affordable had more long-term nursing home use compared to other clusters. Dual-eligible beneficiaries account for 26.6% of Housing cluster residents compared to 8.1% of Hybrid Healthcare cluster residents. We provide other examples and explain the implications in terms of sampling AL for single and multi-state studies, racial disparities, and health-related policies.

RACIAL DISPARITIES IN USE OF MEMORY CARE AND PREVALENCE OF DUALS IN ASSISTED LIVING

Portia Cornell, *Providence VA Medical Center, Providence, Rhode Island, United States*

Assisted living (AL) communities with memory care licenses are disproportionately located in affluent and predominantly White communities and Black older adults are underrepresented in AL. But little is known about characteristics of AL that care for Black residents. We estimated the association of facility-level characteristics as proxy measures for AL resources, such as memory care designations and percentage of dual-eligible residents, across low (0-5%), medium (5-10%) and high (>10%) percentages of Black residents. We found broad differences among communities in the three levels of Black-resident prevalence. High percentage of Black residents was associated with large differences in the percentage of Medicaid-enrolled residents (high 54% duals [s.d.=34], med 28% [31], low=13% [22], $p<0.001$). ALs with high Black populations were less likely to have a memory-care designation than ALs with medium and low percentages of Black residents (high 4.7% memory care, med 11%, low 17%).

TRENDS IN ACUITY OF RESIDENTS IN ASSISTED LIVING

Cassandra Hua, *Brown University, Providence, Rhode Island, United States*

Assisted living serves as a substitute for nursing home residents with low care needs, especially in markets with a high proportion of dually eligible Medicare beneficiaries. This study examines trends in the acuity of residents in assisted living communities over time in comparison to nursing homes to characterize how substitution has affected the resident compositions of both settings. We also examine how trends in acuity are shaped by dual eligibility. Using Medicare claims data, we identify cross-sectional samples of beneficiaries in each setting from 2007-2017. The proportion of residents in assisted living with high care needs has increased 18% in assisted living communities compared to 8.7% in nursing homes. Acuity levels are higher among dually eligible assisted living residents compared to assisted living residents who are not dually eligible. Policy makers and administrators should examine whether assisted living is prepared to provide care for an increasingly acute population.